



03630.000289

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
SHIN YAMAGUCHI, et al.) : Examiner: J. Ouellette
Application No.: 09/750,167) : Group Art Unit: 3629
Filed: December 29, 2000) :
For: REMOVABLE DIGITAL)
STORAGE MEDIA RENTAL) : June 30, 2006

Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

PRELIMINARY AMENDMENT

Sir:

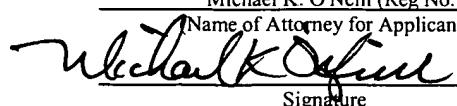
Prior to further examination of the above-identified application, in connection with which a Request for Continued Examination (RCE) is being filed concurrently herewith, please amend the above-identified application, as follows:

I hereby certify that this correspondence is being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

June 30, 2006
(Date of Deposit)

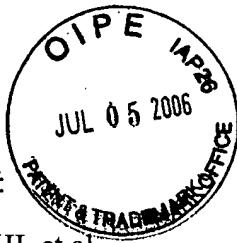
Michael K. O'Neill (Reg No. 32,622)

Name of Attorney for Applicant



Signature

June 30, 2006
Date of Signature



In re Application of:

SHIN YAMAGUCHI, et al.

Application No.: 09/750,167

Filed: December 29, 2000

For: REMOVABLE DIGITAL
STORAGE MEDIA RENTAL

Docket No. 03630.000289

Examiner: J. Ouellette

Group Art Unit: 3629

Date: June 30, 2006

Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 56	MINUS	** 59	= 0	x \$25 \$50	0
INDEP. CLAIMS	* 6	MINUS	*** 6	= 0	x \$100 \$200	0
Fee for Multiple Dependent claims \$180°/\$360						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						0

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

- Verified Statement claiming small entity status is enclosed, if not filed previously.
- A check in the amount of \$_____ is enclosed.
- Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- A check in the amount of \$_____ to cover the fee for a _____ month extension is enclosed.
- A check in the amount of \$ 790.00 to cover the fee for a Request for Continued Examiner (RCE) is enclosed.
- A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.
- Applicants' undersigned attorney may be reached in our Costa Mesa, California office by telephone at (714) 540-8700. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Michael K. O'Neill
Attorney for Applicants
Registration No.: 32,622

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